PART B - FEE(S) TRANSMITTAL

/	this forth, together wi	th applicable f	ee(s), to: <u>Mail</u> or <u>Fax</u>		Mail Stop ISSUI Commissioner for P.O. Box 1450 Alexandria, Virg (703) 746-4000	or Patents			
INSTRUCTIONS This for appropriate. All his per co-indicated unless corrected maintenance fee notification	orm should be used for traineresponding the including the light of directed otherwise institute of the control	nsmitting the ISSU Patent, advance on in Block 1, by (a				ired). Block will be maile ; and/or (b)	s I through 5 d to the curren indicating a sep	should be completed where t correspondence address as parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
26874 7590 06/14/2005									
FROST BROWN TODD, LLC 2200 PNC CENTER 201 E. FIFTH STREET CINCINNATI, OH 45202					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.				
09/12/2005 WABDELR3 00000079 10673929					Elizabeth	A. Mid	dleton	(Depositor's name)	
01 FC:1501 1400.00 OP					Mystech	A. M	edditon	(Signature)	
02 FC:1504 03 FC:8001	03 FC:8001 9.00 DP			9/6				(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED			TOR ATTORNE		DOCKET NO.	CONFIRMATION NO.	
10/673,929 09/29/2003 Frederick E. Shelton IV END5124.0517366 1636 TITLE OF INVENTION: SURGICAL STAPLING INSTRUMENT WITH MULTISTROKE FIRING INCORPORATING AN ANTI-BACKUP MECHANISM									
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUI	BLICATION FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1400			\$300	S	1700	09/14/2005	
EXAMINER		ART UNI	T	CLASS-SUBCLASS		1			
WEEKS, 0			227-182100						
1. Change of correspondenc CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required.	Correspondence ution form	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGN	EE	(B)	RESIDENCE: (C	TT	and STATE OR COU	JNTRY)			
Ethicon Endo-Surgery, Inc. Cin				incinnati, Ohio					
Please check the appropriate assignee category or categories (will not be printed on the patent):									
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):					•				
				eck in the amount of the fee(s) is enclosed.					
Advance Order - # of	[Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).							
_ •	(from status indicated above)							
	MALL ENTITY status. See 3				onger claiming SMAI				
NOTE: The Issue Fee and Printerest as shown by the reco	is requested to apply the Issu ublication Fee (if required) w rds of the United States Pate	e Fee and Publication fill not be accepted and Trademark C	on Fee (if any) or from anyone other Office.	to re r tha	e-apply any previously n the applicant; a regi	paid issue for paid attorned	ee to the applica by or agent; or the	ation identified above. he assignee or other party in	
Authorized Signature	David C	Frank	le.		Date 9	16/05			
Types of printed maile _	David E. Frankl	· · · · · · · · · · · · · · · · · · ·			Registration		194		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.									